

BADGERCARE+

Enrollment and Benefits



April 2008

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Write the information for your local county or tribal agency (local agency) here. That way you'll always have it when you need it.



Your Local agency

Telephone Number:

Address:

WELCOME TO BADGERCARE PLUS

This handbook tells you about BadgerCare Plus benefits, your rights and what you're required to do if you're enrolled in BadgerCare Plus. For more information go to badgercareplus.org.



TRANSLATION SERVICES

For help to translate or understand this, please call 1-800-362-3002 (TTY).

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (TTY).

Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (TTY).

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-362-3002 (TTY).



KEY CONTACTS

Member Services: 1-800-362-3002

(General information, including questions about your *ForwardHealth* card, or bills for services.)

Premium Information: 1-888-907-4455

(Including questions about other health insurance and Health Insurance Premium Payment [HIPP].)

HMO - Enrollment: 1-800-291-2002

(General information.)

HMO - Complaints: 1-800-760-0001

ACCESS: access.wi.gov to check benefits, report changes and more.

More Information: badgercareplus.org or dhfs.wisconsin.gov/em/customerhelp

All the telephone numbers listed have TTY and translation services available and are free of charge.

IDENTIFICATION CARDS

Each person who is enrolled in BadgerCare Plus will get a *ForwardHealth* card.



If you are enrolled in BadgerCare Plus and have a card that looks like this, you can still use it.



PROBLEMS WITH YOUR CARD

Contact your local agency if:

- Your name or identification number is wrong, or
- You have a question about your BadgerCare Plus enrollment.

Call Member Services if:

- Your card is lost, stolen or damaged, or
- You have questions about how to use your card.

DATES YOU'RE ENROLLED

Your *ForwardHealth* card doesn't show the dates that you're enrolled in BadgerCare Plus. You'll get a notice in the mail from your local agency with enrollment dates and if there are any changes in your benefits. (See Notices and Letters.)

If you're not sure if you're enrolled in BadgerCare Plus, call 1-800-362-3002 or go to access.wi.gov and click on "Check My Benefits". (See the section about ACCESS to learn more.)



BRING YOUR CARD! When you go to a BadgerCare Plus provider make sure you take the card for the person who has the appointment.

Providers don't have to see a person who doesn't have his/her card. If you don't have the card with you, you may be asked to pay for the services.

Keep your card, even if you get a notice saying your BadgerCare Plus is ending. You'll use this card if you get BadgerCare Plus again in the future.

CHOOSING AN HMO AND OTHER PROVIDERS

HMO

Most families enrolled in BadgerCare Plus will need to choose an HMO (Health Maintenance Organization). You'll get all your health care from providers who are part of that HMO. If you don't choose an HMO, you may be enrolled in an HMO by the BadgerCare Plus program. If you don't know the name of your HMO, call the enrollment specialist at 1-800-291-2002.

You may only get care outside your HMO if:

- It's an emergency,
- Your HMO says you may see another doctor, or
- The service is a BadgerCare Plus service but isn't covered by your HMO (for example, chiropractic or dental). You can see any BadgerCare Plus provider for these services.

You'll get information from your HMO about emergency care, referrals and services that are not covered by your HMO.

QUESTIONS ABOUT HMO CARE

If you have a problem or question about the care you get from your BadgerCare Plus HMO, call your HMO's customer service department. All HMOs have complaint procedures. They're described in the HMO Enrollee Handbook. It's important to read the information you get from your HMO and keep it.

OTHER PROVIDERS

If you're not enrolled in an HMO, you should check with your health care provider to see if s/he takes BadgerCare Plus. If not, call Member Services and ask for help finding a provider who does take BadgerCare Plus. All services must be provided by your HMO or a BadgerCare Plus provider. If you get services from someone who is not, you will be responsible for paying the cost of the service.

If there's an emergency and you don't have your card with you when you get services, give your BadgerCare Plus number to all providers as soon as possible.



KEEP YOUR APPOINTMENTS. If you're not able to keep an appointment, tell your provider right away. If you don't, the provider may not give you another appointment.

WHAT'S COVERED UNDER YOUR PLAN?

BadgerCare Plus has several coverage plans. The covered services listed in this handbook could change. You should always check with your provider or call Member Services at 1-800-362-3002, for the most up to date information on what services are covered and if there are any limits on the services you need.

STANDARD PLAN

The Standard Plan covers the following services:

- Case management services
- Chiropractic services
- Dental services
- Family planning services and supplies
- HealthCheck (Early and Periodic Screening, Diagnosis and Treatment) for people under 21 years of age.
- Some Home and community-based services
- Home health services or nursing services if a home health agency is unavailable
- Hospice care
- Inpatient hospital services other than services in an institution for mental disease
- Inpatient hospital, skilled nursing facility, and intermediate care facility services for patients in institutions for mental disease who are:
 - ☐ Under 21 years of age
 - ☐ Under 22 years of age and was getting services when you turned 21 years of age
 - ☐ 65 years of age or older
- Intermediate care facility services, other than services at an institution for mental disease
- Laboratory and X-ray services
- Medical supplies and equipment
- Mental health and medical day treatment
- Mental health and psychosocial rehabilitative services, including case management services, provided by staff of a certified community support program
- Nurse midwife services

STANDARD PLAN (continued)

- Nursing services, including services performed by a nurse practitioner
- Optometric/optical services, including eye glasses
- Outpatient hospital services
- Personal care services
- Physical and occupational therapy
- Physician services
- Podiatry services
- Prenatal care coordination for women with high-risk pregnancies
- Prescription drugs and over-the-counter drugs (See dhfs.wisconsin.gov/medicaid/pharmacy/pdl/index for covered drugs)
- Respiratory care services for ventilator-dependent individuals
- Rural health clinic services
- Skilled nursing home services other than in an institution for mental disease
- Smoking cessation treatment
- Speech, hearing, and language disorder services
- Substance abuse (alcohol and other drug abuse) services
- Transportation to obtain medical care
- Tuberculosis (TB) services

Some services may require you to make a copayment. See Copayments to learn more.

BENCHMARK PLAN

The Benchmark Plan covers the following services:

- Chiropractic Services
- Dental services
- Disposable Medical Supplies (DMS)
- Drugs — Prescription and over-the-counter
- Durable Medical Equipment (DME)
- Emergency Room and Emergency Transportation
- Family Planning Services
- Health Screenings for Children
- Home Health
- Hospice
- Hospital — Inpatient
- Hospital — Outpatient
- Mental Health and Substance Abuse, including inpatient care
- Nursing Home
- Physician Visits
- Podiatry Services
- Prenatal/Maternity Care
- Smoking Cessation Services (Prescription)
- Therapy — Physical, Occupational, Speech
- Vision

BENCHMARK PLAN (continued)

Some services may require you to make a copayment. See Copayments to learn more.

If you are enrolled in the Benchmark Plan, services have the following limits:

Dental — Limited to \$750 each year.

Disposable Medical Supplies (DMS) — These are limited services and to see if the service you want is covered, call Member Services or ask your provider.

Durable Medical Equipment (DME) — Limited to \$2,500 each year including any rental costs.

Pharmacy (Prescription drugs) — Generic drugs only. Brand drugs are available through Badger Rx Gold plan, administered by Navitus, which provides a discount on the cost.

Home Health — Limited to 60 visit per year.

Hospice — Limited to 360 days per lifetime.

Hospital (Includes Mental Health and Substance Abuse)— Stays in a general acute hospital for substance abuse are limited to \$6,300 each year. Inpatient stays for mental health and substance abuse are limited to \$7,000 each year. Other limits include:

- Outpatient services - \$1,800
- Transitional services - \$2,700 each year
- Alcohol and drug services - \$7,000 each year,
- Inpatient acute hospital care - \$6,300 each year for substance abuse services
- Inpatient Institution for Mental Disease services - \$7,000 each year (including the \$7,000 limit for substance abuse)

Nursing Home — Limited to 30 days each stay.

Therapy — Physical, Occupational and Speech are limited to 20 each year. Cardiac is limited to 36 visits.

Vision — Limited to one exam per year.

The dollar amounts listed are based on the BadgerCare Plus allowed amounts and not the amount the provider bills.

PRENATAL SERVICES PLAN

Prenatal Services provides pregnancy-related health care. If you are enrolled in Prenatal Services, benefits include:

- Prenatal care,
- Doctor and clinic visits,
- Prescription drugs, including prenatal drugs, and
- Labor and delivery.

There is no copay for pregnancy-related services.

FAMILY PLANNING SERVICES PLAN

Through an initial or routine annual family planning related office visit, the following services may be covered:

- Contraceptive services and supplies (example, birth control services)
- Natural family planning supplies
- Family planning prescriptions
- Pap tests
- Tests and treatment for certain Sexually Transmitted Diseases (STD) including chlamydia, gonorrhea, herpes and syphilis as well as certain other lab tests
- Tubal ligation
- Routine preventive primary services related to family planning

There is no copay for family planning services you get from a family planning provider.



FAMILY PLANNING SERVICES NOTE: Only certain services are covered under this program. For example, mammograms and hysterectomies are not covered. You should tell your health care provider you have this coverage before you get services. Your provider must tell you if a service isn't covered. If a service isn't covered and you still want and get the service, you'll have to pay for it. You may also call 1-800-362-3002 and ask if a service is covered.

EMERGENCY SERVICES PLAN

Emergency Services is short term health insurance for people who have an emergency medical condition and can't get regular BadgerCare Plus because of their immigration or citizenship status.

Emergency Services will only pay for health care you get for an emergency medical condition. A medical emergency is a medical problem which could put your health at serious risk if you don't get medical care right away.

There are no copays for emergency services.



Emergency Services Plan Note: Your provider must tell you if a service isn't covered. If a service isn't covered and you still want and get the service, you'll have to pay for it. You may also call 1-800-362-3002 and ask if a service is covered and if there are any limits.

WHAT SERVICES ARE NOT COVERED UNDER ANY PLAN?

Services or items not covered include, but are not limited to:

- Items such as televisions, radios, lift chairs, air conditioners, and exercise equipment (even if prescribed by a physician),
- Procedures considered experimental or cosmetic in nature, and
- Services that need approval before you get them. (See Prior Authorization to learn more.)

EMERGENCIES WHEN YOU ARE NOT IN WISCONSIN

If you travel outside of Wisconsin and need emergency services, health care providers can treat you and send claims to Wisconsin BadgerCare Plus. You'll have to pay for any service you get outside Wisconsin if the health care provider refuses to submit claims or refuses to accept Wisconsin BadgerCare Plus payment as payment in full.

LIMITS FOR EMERGENCY SERVICES

All plans have limits on when you can use emergency room and ambulance services. These services can only be used in an emergency situation.

These limits are to ensure that you're getting the best service in the best place. This enables BadgerCare Plus providers to provide services to more people. It also helps to keep BadgerCare Plus costs down.

Emergencies require medical attention right away to prevent death or serious damage to your health. Non-emergencies are illnesses, injuries or medical needs that are usually taken care of at a doctor's office.

Examples of non-emergency conditions are:

- Prescription refills
- Minor cuts or burns
- Skin rash
- Sprains or strains
- Back pain
- Toothache
- Cold or flu symptoms
- Common headache
- Check-ups
- Pregnancy test, medical or other lab tests
- An ongoing condition that hasn't suddenly changed or worsened



Note: You can't use the emergency room or ambulance rides because it is easier for you to use these services.

To avoid using emergency rooms and ambulance services:

- Have a regular doctor,
- Keep your appointments, and
- Call your doctor or nurse line about your medical needs, if one is available to you.

LIMITS ON SERVICES YOU MAY GET

Some services may have limits. To avoid getting bills from providers that you will have to pay, you should also check to see if there are any limits on the services you need. Tell your provider the plan you are enrolled.

SERVICES MIGHT NEED TO BE APPROVED (PRIOR AUTHORIZATION)

Some services must be approved by BadgerCare Plus before you can get them. This is called "Prior Authorization." Your provider asks for the approval for these services from BadgerCare Plus. If your provider doesn't get the services approved, BadgerCare Plus won't pay for the service. The provider will then be responsible for the cost of care provided. If you choose to get a service after you know the approval was denied, the provider can bill you for the service.

HOW MONTHLY INCOME IS COUNTED

To see what plan you are enrolled in and if you'll have any cost for your plan, we look at your family income. Your monthly income is your gross income, before any taxes or deductions are taken out. For BadgerCare Plus you're allowed to deduct any court ordered child support obligations. Your gross income minus any child support obligation is your net income.

Example 1: A family of four has gross monthly income of \$2,881.25 and court ordered child support obligation of \$350 each month. This family's net income is \$2,531.25. This is below the monthly income limit, 150% of the Federal Poverty Level (FPL*) (\$2,650.00) for a family of four.

Gross Income	\$2,881.25
Child Support	- \$350.00
Net Income	= \$2,531.25

Because this family income is under 150% of the FPL* (\$2,650 for a family of four), they will not have to pay a premium.

*See Monthly Income Limits table on page 13.

HOW SELF-EMPLOYMENT IS COUNTED

Example 2: A family of 4, whose income is from self-employment has a gross monthly income of \$3,800 and court ordered child support obligation of \$200 each month. This is above the monthly income limit (200% of the FPL*) (\$3,533.33 for a family of four).

Gross Income	\$3,800.00
Child Support	- \$200.00
Net Income	= \$3,600.00

If a family's income is from self-employment and they are over the monthly income limit (200% FPL), we would do a second calculation were we would also deduct any depreciation from the gross income to see if they would be able to enroll.

YOUR COSTS

You may be required to pay a share of your care. Some of these costs are "copayments" or "copays", "spend-down", sometimes called "deductible" and/or a "premium". The following describes these costs.

SPENDDOWN (DEDUCTIBLE)

Certain children and pregnant women can be enrolled in BadgerCare Plus if they pay a "spenddown" (sometimes called a deductible). Your spenddown is the difference between your gross annual income and the monthly income limit (see Monthly Income Limits table on page 13) which is based on federal guidelines. This is the amount you must incur or pay towards your medical costs. Once you've met your spenddown, you'll be enrolled in BadgerCare Plus and your BadgerCare Plus covered services will be paid by BadgerCare Plus.

Those who could have a spenddown are:

- Pregnant women with family income above 300% of the FPL*, or
- Children under age 19 with family income above 200% of the FPL* and who have access to health insurance.

PREMIUMS

You may have to pay a premium. If you do, the amount you pay depends on your family size and income.

Those who will have a premium are:

- Children with family income over 200% of the FPL*,
- Parents with income between 150%* and 200% of the FPL*, or
- Some self-employed parents with income above 200% of the FPL*.

If your family income is below 150% of the FPL*, you will not have to pay a premium. You can get the current amounts by calling Member Services or online at dhfs.wisconsin.gov/em/customerhelp.

To learn more about how to calculate your premium, go to page 13.



Note: You won't have to pay a premium if you are:

- A pregnant woman, or
- Age 19 and under, with family income under 200% of the FPL*.

*See the Monthly Income Limits table on page 13.

COPAYMENTS (COPAYS)

You may be required to pay a part of the cost of a service. This payment is called a "copayment" or "copay".

Providers can collect deductible and copayments when the service is provided, or they can bill you for it later. You may be asked for more than one copay, if you get more than one service at an appointment.

You will not have a copay for:

- Emergency services,
- Services related to pregnancy,
- Services provided to children younger than 18 years of age,
- Services provided to nursing home residents,
- Clozapine management, or
- Family planning services provided by a family planning clinic.

Copays for Standard Plan

Cost of Service	Copayment
Up to \$10.00	\$0.50
From \$10.01 to \$25.00	\$1.00
From \$25.01 to \$50.00	\$2.00
Over \$50.00	\$3.00

Copays for Benchmark Plan

Service	Copayment
Chiropractic Services	\$15 per visit
Dental services	50% of allowed amount* plus \$200 each year
Disposable Medical Supplies (DMS)	\$0.50 for syringes and diabetic pens for use with durable medical equipment

Copays for Benchmark Plan(continued)

Service	Copayment
Drugs — Prescription	\$5 each prescription
Durable Medical Equipment (DME)	\$5 each item
Emergency Room	\$60 for non-emergency
Home Health	\$15 each visit
Hospice	\$2 each day
Hospital — Inpatient	\$100 per stay, \$50 for mental health and/or substance abuse
Hospital — Outpatient	\$15 each visit
Nursing Home	10% of allowed amount*
Physicians Visits (doctors)	\$15 each visit
Podiatry Services	\$15 each visit
Smoking Cessation Services (Prescription)	\$5 each generic drug
Therapy — Physical, Occupational, Speech	15 each visit
Transportation	\$50 each round trip
Vision	\$15 each visit

*Allowed amount is the amount BadgerCare Plus allows for the service and not what the provider bills. For more information, contact 1-800-362-3002.



Note: If you are enrolled in the Benchmark plan and can't pay your copayment right away, the provider may refuse to provide the service.

IF YOU GET A BILL

BadgerCare Plus pays your provider for the covered services you get. A provider should not ask you, your family or others to pay anything other than a copay for covered services.

If you get something that looks like a bill, contact the provider who is billing you.

Providers know the BadgerCare Plus coverage limits. The provider must tell you if BadgerCare Plus doesn't cover a service before the service is provided.



A provider can charge you for services that are not covered by BadgerCare Plus if:

- The provider told you before providing the service that the service wasn't covered, and
- You agreed to pay for the service.



BADGERCARE PLUS RULES

REPORT YOUR CHANGES

You must report changes within 10 days if you have a change in where you live or where you are staying, or if someone moves in or out of your home. You must also report if someone gets married or divorced, or if your family's monthly income (before taxes) goes over the monthly income limit for your family size. Your notices (see Notices and Letters) will give you the monthly income limit for your family size and other reporting rules.

If you don't report a change and you get coverage when you shouldn't, you may have to repay the cost of that coverage.

Example: If you move out of Wisconsin and don't report this move, you'll be required to repay any payments made to your HMO or other health care providers. For example, if BadgerCare Plus paid your HMO \$475 each month for your family, you would have to repay the State of Wisconsin \$475 for each month the HMO was paid after you moved out of Wisconsin. You must repay this, even if you didn't use your *Forward* or *ForwardHealth* card.

Report changes online at access.wi.gov, by calling your local agency or by using the BadgerCare Plus Change Report. You can get this form at: dhfs.wisconsin.gov/em/customerhelp.

FRAUD

Fraud means to get or help another person get coverage or payments you know you or that person shouldn't get. Anyone who commits fraud can be prosecuted. If a court decides that someone got health care benefits by committing fraud, the court will require you to pay back the state for those services in addition to other penalties.

You may be fined up to \$10,000 and jailed for up to one year in a county jail, if you:

- Intentionally give false or incomplete information on your application for BadgerCare Plus.
- Don't report a change that causes you to get more benefits than you should.
- Help someone else apply for BadgerCare Plus and use that person's card to get services for yourself.
- Let someone else use your ForwardHealth card or use someone else's card to get health care services or prescription drugs.

IF YOU HAVE OTHER HEALTH INSURANCE COVERAGE

If you or anyone in your family has any other health insurance coverage, you must tell your agency and your health care providers.

If you have questions about your other insurance coverage, ask your insurance company. If you have questions or complaints about that insurance company, contact:

Office of the Commissioner of Insurance
Bureau of Market Regulation
PO Box 7873
Madison WI 53707-7873
1-800-236-8517

ACCIDENT AND INJURY CLAIMS

If you're in an accident or are injured and you get a cash award or settlement due to the accident or injury and BadgerCare Plus pays for part or all of your care, you must report this to your local agency.

If you've hired an attorney or are working with an insurance agency to settle your claim you must also report this information.

If you are getting Supplemental Security Income (SSI), or you live in Clark, Douglas, Eau Claire, Fond du Lac, Green Lake, Juneau, LaCrosse, Lincoln, Rock, Trempealeau, Vilas, Walworth, Waushara or Winnebago County, you must report your accident or injury case to:

Bureau of Program Integrity
Casualty Recovery Program
P.O. Box 6243
Madison, WI 53791-8978

OR

All other BadgerCare Plus members should report to their local agency before the case is settled in person or by telephone or fax to:

Telephone: (608) 221-4746 ext. 80062
Fax: (608) 221-4567

NOTICES AND LETTERS

You'll get notices and letters from the local agency about your benefits. A notice tells you about the status of your benefits. A letter tells you about information the local agency needs or that your case review is due.

A notice will be sent to you before you have a change in your benefits. It's important that you read each notice or letter you get. These will tell you if:

- Your benefits are being reduced or ended,
- If your worker is waiting for any information or proof (verification) from you, or
- If you need to do a review to keep getting benefits.

UNDERSTANDING YOUR NOTICES

Each notice you get will be in the same format.

Section 1 — Summary. This page gives a short review of your BadgerCare Plus case as well as other benefits you get such as Medicaid or FoodShare. Also on this page is the contact information for your local agency.

Section 2 — Benefit Details. This page will give you detailed information about your benefits such as who is and who isn't enrolled and the dates of coverage. If you aren't enrolled, the reason(s) you won't be enrolled are listed.

Section 3 — Household Income and Bills. This section has two parts, a list of the income and bills we have on file for your case. You should check your notices to make sure all income and bills are listed. If not, contact your local agency.

Section 4 — How We Counted Your Income. This section has the amounts and limits that were used to see if you were able to be enrolled in a BadgerCare Plus plan. Your *gross income* is the total income you reported, your *counted income* is your gross income after you were given certain credits and *counted income limit* is the most income you can have for your family size to enroll in a BadgerCare Plus plan.

Section 5 — Your Reporting Rules and Key

Contacts. This page lists what changes you must report to your local agency and by when. Also, in this section are key contacts. Key contacts lists who to contact with questions. You can also get this information on page 2 of this handbook.

Section 6 — Fair Hearing. The last section has information about fair hearings such as the date by which a hearing must be asked for and how to ask for a hearing. (See the Fair Hearing section of this handbook to learn more.)

YOU HAVE RIGHTS

State and Federal laws guarantee your rights, which include the right to:

- Be treated with respect by state and county employees,
- Have all information given to the county or tribal agency to determine enrollment to be kept confidential, (This does not prohibit the use of such information for program administration,)
- Have access to local county or tribal agency records and files relating to your case, except information given to the local agency under a promise of confidentiality,

- Remain enrolled in BadgerCare Plus even if you are temporarily absent from Wisconsin, as long as you remain a Wisconsin resident,
- Have your enrollment in BadgerCare Plus determined within 30 days from the day the local county or tribal agency gets your application,
- Emergency medical care, and
- Ask for reasonable accommodations to take part in BadgerCare Plus for a disability-related reason, or the right to ask for interpreters or translators in order to take part in BadgerCare Plus.

FAIR HEARINGS AND APPEALS



Any time your benefits are denied, reduced or ended, and you think the county or tribal office made a mistake, contact the local agency. If the local agency does not agree, you can ask the local office worker to help you in asking for a prehearing conference and a fair hearing.

PREHEARING CONFERENCE

You may be able to come to an agreement with the local agency through a prehearing conference without having to wait for a fair hearing to take place. At a conference you get to tell your side of the story, and the local agency will explain to you why s/he feels that the action was taken. If the local agency finds that it has made a mistake, it will change its decision and will take corrective action. If the local agency decides that its initial decision is correct, and you feel that the local agency is still wrong, you have the right to go through the fair hearing process.



Please Note: The fact that you agreed to have a prehearing conference doesn't affect your right to have a fair hearing. You can ask for a fair hearing and if you are satisfied with the action of the prehearing conference you can then cancel your fair hearing.

FAIR HEARING

A fair hearing gives you the chance to tell why you think the decision about your application or benefits was wrong. At the hearing, a hearing officer will hear from you and the local agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also get free legal help. (See Legal Help to learn more.)

WHEN TO USE THE FAIR HEARING PROCESS

If you believe that your local agency made a wrong decision on your case, the fair hearing process may be used to have the decision reviewed. Examples include:

- Your application was denied or your benefits were suspended, reduced or ended, and you think the local agency made a mistake.
- You believe that your application for BadgerCare Plus was wrongly denied.
- Your application wasn't acted on within 30 days.
- Prior authorization request was denied.

Read each notice or letter of decision carefully to help you understand the action taken. If the reason for the change in your benefits is a federal or state rule change, the Division of Hearings and Appeals needn't grant a request for a fair hearing.

HOW TO ASK FOR A FAIR HEARING

Ask your local agency to help you file for a fair hearing or write directly to:

Department of Administration
Division of Hearings and Appeals
PO Box 7875
Madison WI 53707-7875

Or call (608) 266-3096

If you have access to the internet, the Fair Hearing Request form can be found at dhfs.wisconsin.gov/em/customerhelp.

If you chose to write a letter in place of the form, you must include the following:

- Your name,
- Your mailing address,
- A brief description of the problem,
- The name of the local agency that took the action or denied the service,
- Your Social Security Number, and
- Your signature.

Your request should include the important facts of the matter and your BadgerCare Plus identification number. An appeal must be made no later than 45 days after the date of the action. Your latest notice will have the date by which you must request a hearing.



Example: If you get a notice that says your benefits are ending on December 31, 2007, you have until February 14, 2008 to ask for a hearing.

If you need an accommodation for a disability or an interpreter services, please call 1-608-266-3096. This telephone number is only for the administrative hearing process.

You or your chosen representative (if any), and the local agency will get written notice of the time, date and place of the hearing at least 10 days before the fair hearing. The hearing will be held in the county where you live.

PREPARING FOR A FAIR HEARING

You have the right to bring witnesses, your own lawyer or other advisor to the fair hearing. The agency can't pay for a lawyer to represent you, but they may be able to help you find free legal help for any questions you may have or to represent you at the fair hearing. (See Legal Help to learn more.)

You have the right, both before the hearing and during the hearing, to see the local agency's written materials about the case, including your case record, on which the local agency based its decision.

You or your representative have the right to question anyone who testifies against you at the fair hearing. You also have the right to present your own arguments and bring written materials showing why you think you're right.

If the fair hearing is about whether you are or are not incapacitated or disabled, you have the right to present medical evidence for proof, paid for by the agency.

If you can't speak English or use sign language, you have the right to have an interpreter at the hearing. The Division of Hearings and Appeals may allow payment for translation or interpreters if you ask.

YOU CAN KEEP GETTING BENEFITS

If you ask for a fair hearing before the effective date of the local agency's action, you can ask that your benefits not be reduced or ended until after the results of the fair hearing are known. If the fair hearing isn't in your favor, you'll have to repay any benefits that you should not have received. You still must report any required changes while your hearing is pending which may affect the level of your benefits. You must complete any reviews, even if you're asking for a fair hearing.

EFFECTS OF THE FAIR HEARING

If the fair hearing decision is in your favor:

- No action will be taken against you by the local agency.
- Benefits will be reinstated if they were ended.
- The date of reinstatement will be listed in the copy of the decision you get, ordering the local agency to reinstate your benefits.

If the fair hearing decision isn't in your favor:

- The local agency's action will stand and you will have to pay back any benefits that you shouldn't have gotten.

REHEARINGS

After you get the fair hearing decision, you have the right to ask for a rehearing if:

- You have new evidence that you couldn't have made available before the hearing, even if you tried, that could change the decision,
- You feel that there was a mistake in the facts of the decision, or
- You feel that there was a mistake in the legal basis of the decision.

The Division of Hearings and Appeals must get a written request for a rehearing within 20 days from the date of the written decision. The state hearing agency will decide within 30 days if a rehearing is justified. If the office doesn't issue a written response to the request in 30 days, it is assumed your request is denied.

APPEALING A FAIR HEARING OR REHEARING DECISION

If you don't agree with the fair hearing or rehearing decision, it is still possible for you to appeal to the Circuit Court in your county. This must be done within 30 days after you get the written decision about the fair hearing or within 30 days of the denial of the rehearing request. An appeal to the Circuit Court must be done by filing a petition with the Clerk of Courts in your county. It's best to have legal help, if you decide to appeal a fair hearing decision in Circuit Court.

LEGAL HELP

Legal help may be available through Wisconsin Judicare, Inc. or Legal Action of Wisconsin, Inc (LAW). To find the office closest to you, call:

- Judicare at (715) 842-1681 or www.judicare.org/, or
- LAW at 1-888-278-0633 or www.badgerlaw.net/index_html.

CIVIL RIGHTS PROTECTIONS

All people applying for, or enrolled in BadgerCare Plus are protected against discrimination based on race, color, national origin, sex, age or disability. State and federal laws require all BadgerCare Plus benefits to be provided on a nondiscriminatory basis.

DISCRIMINATION/COMPLAINTS

If you believe you've been discriminated against in any way that relates to applying for BadgerCare Plus or getting BadgerCare Plus benefits, contact:

Affirmative Action/Civil Rights
Compliance Officer
Department of Health and Family Services
PO Box 7850
Madison WI 53707-7850
1-608-266-9372 or 1-888-701-1251 (TTY)

Or, you may also register complaints at the federal level with:

U.S. Department of Health and Human
Services
Director / Office for Civil Rights - Region V
233 N Michigan Ave, Ste 240
Chicago, IL 60601
1-312-886-2359 (voice)
1-312-353-5693 (TTY)

Visit access.wi.gov today!

ACCESS ACCESS is an online tool that will let you:

- Find out which low or no-cost health, nutrition and other programs you might be eligible for.
- Apply online for FoodShare, BadgerCare Plus including family planning services and Medicaid.
- Get up-to-date information about the status of your FoodShare, BadgerCare Plus, SeniorCare, Caretaker Supplement or Medicaid benefits.
- Report changes online.

EXPRESS ENROLLMENT

If you or someone you know is pregnant or a child under age 19 who needs health insurance, s/he may be temporarily enrolled in BadgerCare Plus before applying at the local agency. Some doctors or other health care providers can use Express Enrollment to help you get temporary health insurance for up to 60 days. If you have a health care provider s/he may be able to help you get temporary health insurance through BadgerCare Plus. If not, call 1-800-362-3002 and they'll find a BadgerCare Plus provider for you.

PREGNANT WOMEN

Temporary health insurance for pregnant women is available through BadgerCare Plus. If you are a pregnant woman with limited income and you are not already enrolled in BadgerCare Plus, you may be able to get temporary health insurance for pregnancy-related services, for up to two months, before you apply at your local agency.

Temporary health insurance can start the same day you apply with your BadgerCare Plus provider and continue through the last day of the next month.

To get temporary health insurance, your pregnancy must be verified by a health care provider. Your family's gross income must be at or below 300% of the FPL (see Monthly Income Limits table).

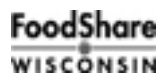
Because temporary health insurance for Pregnant Women lasts no more than 60 days and it only pays for pregnancy related outpatient services, you should apply for regular BadgerCare Plus with your local agency as soon as possible. You can apply online at access.wi.gov, by phone, mail or in person.

CHILDREN UNDER 19 YEARS OF AGE

Temporary health insurance for children is available through BadgerCare Plus. If you have children and have limited income, they may be able to get temporary health insurance for up to two months, before applying at your local agency.

Because temporary health insurance for Children lasts no more than 60 days, you should apply for regular BadgerCare Plus with your local agency as soon as possible. You can apply online at access.wi.gov, by phone, mail or in person.

OTHER PROGRAMS



FoodShare Wisconsin helps people who have little money buy the food they need for good health.

FoodShare benefits come on a plastic card, called the Wisconsin QUEST card that you use just like a bank card.

If your household needs help to purchase food right away, contact your local agency. You may be able to get FoodShare benefits within seven days from the day the local agency gets your signed application.

To find out more about FoodShare Wisconsin, call 1-800-362-3002, visit the FoodShare web at, dhfs.wisconsin.gov/foodshare/ or call your local agency.

CARETAKER SUPPLEMENT



Wisconsin's Caretaker Supplement (CTS) is a cash benefit for families in which the parent(s) get SSI payments. Caretaker Supplement is not a health care benefit; it pays cash to eligible parents. Caretaker Supplement benefits are \$250 per month for the first eligible child and \$150 per month for each additional eligible child. For more information on CTS or to apply for CTS, contact your local agency or call 1-800-362-3002.

WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)



If you are able to get BadgerCare Plus, you may also be able to get the Special Supplemental Food Program for Women, Infants and Children (WIC). Pregnant women and young children may get nutritious food and health/nutrition counseling through this program. To find out more about WIC and other program benefits you may be able to get, contact 1-800-722-2295.

Premium Rules

Premiums are first calculated for each person. The amounts for each person in the home is then added together for the family's total premium. The family's total premium must be paid in order for anyone who has a premium to remain enrolled. The general rules for calculating the premium amounts are as follows:

1. The lowest monthly premium amount for one person is \$10.
2. For children with family income above 300% of the Federal Poverty Level (FPL)*, the premium will not be more than the amount BadgerCare Plus pays for the child's coverage.
3. If you are a parent, stepparent or an adult who cares for a child, and your monthly family income is above 150% of the FPL but not more than 200%*, your premium will not be more than the amount BadgerCare Plus pays for adult coverage.
4. If you are a self-employed parent, stepparent or an adult who cares for a child with family income above 200% of the FPL*, before subtracting depreciation, but below 200%* after subtracting depreciation, your premium is 5% of the family's net income, before subtracting depreciation from the self-employment income.
5. If your family income is between 150%* and 300% of the FPL*, the total of all your family members' premiums will not be more than 5% of the family's counted income. If your family includes a person who is related, but not legally responsible for a child in his or her care, a separate 5% limit will apply to each child as well as the relative, his or her spouse and children.
6. If your family income is over 300% of the FPL* and at least one member is enrolled as a self-employed adult or was enrolled on or before January 11, 2008, the total of all family members' premiums will be either the total of all children's premiums or 5% of the family's income, whichever is more. If your family includes a person who is related to but not legally responsible for a child in his or her care and the only people enrolled are children under 19, the 5% does not apply and the family's premiums will not be more than BadgerCare Plus pays for a child's coverage.
7. If you are a pregnant women you will not have a premium unless you are a pregnant women under age 19 with income over 300% of the FPL*, your premium will not be more than the amount BadgerCare Plus pays for the cost of coverage for a child with family income of 300% of the FPL*.

The family's premium is the total of all family members' premiums. For example, a household with three children and family income is at 200% of the FPL*, the total premium is \$30 or \$10 for each enrolled child in the family.

Premium amounts are compared to the 5% limit and are rounded down to the nearest whole dollar for families with incomes at or below 300% of the FPL*.

Premium amounts will not be rounded down if your family income is over 300% of the FPL*.

*2008 Monthly Income Limits

Family Size	150% FPL	200% FPL	300% FPL
1	\$1,300.00	\$1,733.33	\$2,600.00
2	\$1,750.00	\$2,333.33	\$3,500.00
3	\$2,200.00	\$2,933.33	\$4,400.00
4	\$2,650.00	\$3,533.33	\$5,300.00
5	\$3,100.00	\$4,133.33	\$6,200.00
6	\$3,550.00	\$4,733.33	\$7,100.00
7	\$4,000.00	\$5,333.33	\$8,000.00
8	\$4,450.00	\$5,933.33	\$8,900.00
For each additional person add:			
	\$ 450.00	\$ 600.00	\$ 900.00

These amounts are based on federal guidelines which increase by a small percentage each year.

For more information go to badgercareplus.org.

State of Wisconsin
Department of Health and Family Services
Division of Health Care Access and Accountability

The Department of Health and Family Services is an equal opportunity service provider. If you need assistance to access services or material in an alternate format, please contact (608) 266-3356 (voice) or 1-888-701-1251 (TTY). Translation services are available at no cost.

PHC 10167 (04/08)